

## UNITED STATES DISTRICT COURT

for the

Southern District of New YorkU.S. Division

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Iafume Levi Barnett

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

State of N.Y. - OMH - County of Ossining  
Co A. Thomas / Co H Edwards / Co M Banks

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)



## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

C/C

**I. The Parties to This Complaint****A. The Plaintiff(s)** Lafvorne Levi Barnett

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name ~~and~~ Lafvorne Levi Barnett  
 All other names by which you have been known: Bigz, Big-E, Bige Bigz, G-Spot  
 ID Number 2280439  
 Current Institution Five points Correctional Facility  
 Address State Route 96 P.O. Box 119  
 Romulus City N.Y. State 14541 Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1 State of New York

Name John Dow Jain Dow  
 Job or Title (if known) State officers and ofishels  
 Shield Number NA  
 Employer State of New York  
 Address N/A City N.Y. State N/A Zip Code  
☐ Individual capacity ☒ Official capacity

Defendant No. 2 County of Ossining

Name N/A  
 Job or Title (if known) N/A  
 Shield Number N/A  
 Employer City of N.Y.  
 Address N/A City Ossining N.Y. State Zip Code  
☐ Individual capacity ☒ Official capacity

C/C

## Defendant No. 3

Name CO A Thomas  
 Job or Title (if known) CO  
 Shield Number NA  
 Employer State of New York  
 Address Sing Sing CF 354 Hunter St. po Box 442  
 ~~Ossining~~ NY 10562-5442  
City State Zip Code  
☐ Individual capacity ☒ Official capacity

## Defendant No. 4

Name CO M. Banks  
 Job or Title (if known) CO  
 Shield Number NA  
 Employer State of New York  
 Address Sing Sing CF 354 Hunter St. po Box 442  
Ossining NY 10562-5442  
City State Zip Code  
☐ Individual capacity ☒ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☒ Federal officials (a *Bivens* claim)  
☒ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment rights, 14th Amendment rights  
4th Amendment rights

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

C/K

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

On 12/19/23 I Latvorne Levi Barnett 2280439 and for Co A. Thomas he sexually violated me by cutting my private and for excessive use of force. And for Co H Edwards, Co A. Thomas, Co M. Banks I am suing them for excessive use of force and for violating my 8th Amendment and my 14th Amendment and my 4th Amendment rights.

### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☒ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner
- ☐ Other (explain) \_\_\_\_\_

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

and Co M. Banks on 12/20/23 after I was assaulted by Co A. Thomas, Co H Edwards, and when I was taken to Westchester medical center for my injuries and when I was at the center I was pushed out on a gurney and assaulted by more cops Jane Dow and John Dow's. I was punched and dragged into a van and thrown in the van.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

On 12/21/23 I Latvorne Levi Barnett 2280439, got to five points C.F. and I dropped a sick call for my loose teeth and for my head being open up but no answer back for 4 weeks and I have teeth in my lip and broken teeth in my mouth and open wounds in my head that is not being treated at all and I seen N.P. Fisher But nothing yet at five points C.F. C/C

C. What date and approximate time did the events giving rise to your claim(s) occur?

12/21/23 5:00 pm at five points C.F.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was sexually violated by Co A Thomas he grabbed my privet and Co K Edwards was punching me in the face and so was Co A Thomas and Co M Banks hit me with a stick in my mouth knocking my teeth out one on the top of my mouth and several at the bottom of my mouth and he did this three times and he also ~~so~~ bust my head open 2 times but he hit me 3 times

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

on 12/19/23 Co M Banks knocked out one tooth on the top and several on the bottom of my mouth and also my head was bust open in two spots but i was hit in the head 3 times so i went to Westchester medical center and the doctor told me i need surgery on my head so i said no so they clean me up and did x rays and a Cat Scan and that was it.

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

for the State of New York 900,500.00 for punitive damages to my teeth and to my head, and for the Superintendent / Deputy staff 12,500.00 as one and secretly, and as for Co A Thomas, Co K Edwards, Co M Banks i am suing them as one and secretly for 2,675,000 and as for Mental health i am suing them for 500,000 each as one and secretly and as for the County of Ossining i am suing for 12,500.00 as one and secretly.

C/C

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Sing Sing C.F. Five points C.F. and Westchester Medical Center.

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Excessive force sexual Assault and Medical Maltpractice.



D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

N/A

E. If you did file a grievance:

1. Where did you file the grievance? five points C.F.

2. What did you claim in your grievance? Excessive use of force  
Sexual Assault. Medical Mgmt practice.

3. What was the result, if any? none yet

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

i went to the Superintendent that is the farthest i got  
i was being threatened by CO's and Sgt. Dornant If i go  
thru i will not make it home on my Date with his  
6/17/24

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

none

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

and preah and i went to the superintendent with my grievance because i fear for my life and i have kids to look after i filed a complaint with OSI

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

i covered every thing

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

Southern District of New York 19-cv-415 (NSR)



- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

N/A  
N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition.

NONE

7. What was the result of the case? *(For example: Was the case (dismissed)? Was judgment entered in your favor? Was the case (appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

NO

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☐ Yes☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

N/A N/A

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☒ No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? *(For example: Was the case (dismissed)? Was judgment entered in your favor? Was the case (appealed?))*

None

**IX. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 1/26/24

Signature of Plaintiff [Signature]

Printed Name of Plaintiff Lafuorne Levi Barnett

Prison Identification # 2280439

Prison Address Five points Correctional Facility State Route 96 Po Box 119  
Romulus NY 14541  
City State Zip Code

**B. For Attorneys**

Date of signing: 1/26/24

Signature of Attorney [Signature]

Printed Name of Attorney none

Bar Number none

Name of Law Firm Five points CF State Route 96 Po Box 119

Address Romulus NY 14541  
City State Zip Code

Telephone Number \_\_\_\_\_

E-mail Address Big\_la1234@hotmail.com

FIVE POINTS CORRECTIONAL FACILITY  
STATE ROUTE 96, P.O. BOX 119  
ROMULUS, NEW YORK 14541

NAME: Lafayette Burnett

DIN: 2280439

Loc: D-1-7 ★

Five Points

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01/29/2024

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Correctional Facility

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US Probation Office

Southern District of New York  
Daniel Patrick Moynihan US Courthouse  
500 Pearl St. N.Y.C. 10007-1312

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